

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method For Producing Cellulose Derivatives

the specification of which (check only one item below):

☐ is attached hereto

☒ was filed as United States application

Application No. 09/371,343

on August 10, 1999

and was amended

on _____

☐ was filed as PCT international application

Number _____

on _____

and was amended under PCT Article 19

on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim priority benefits under Title 35, United States Code, §119 of any provisional or foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR U.S. PROVISIONAL/FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMBINED DECLARATION FOR PCT APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)

orney's Docket Number:

5087.304-US.

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this applications is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT
UNDER 35 U.S.C. 120:

U.S. APPLICATIONS			STATUS (Check one)		
U.S. APPLICATION NUMBER	U.S. FILING DATE		Patented	Pending	Abandoned
PCT APPLICATIONS DESIGNATING THE U.S.					
APPLICATION NO.	FILING DATE	US SERIAL NUMBER ASSIGNED (if any)			
PCT/DK97/00089	February 28, 1997			X	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.
Steve T. Zelson Elias J. Lambiris Valeta A. Gregg Carol E. Rozek Robert L. Starnes Reza Green
Reg. No. 30,335 Reg. No. 33,728 Reg. No. 35,127 Reg. No. 36,993 Reg. No. 41,324 Reg. No. 38,475

Send Correspondence to: Steve T. Zelson, Esq.
Novo Nordisk of North America, Inc.
405 Lexington Avenue, Suite 6400
New York, New York 10174-6401

Direct Telephone Calls To:

Steve T. Zelson
(212) 867-0123

1	Full Name of Inventor	Family Name Noguchi	First Given Name Yoshitaka	Second Given Name
	Residence & Citizenship	City Minato-Ku, Tokyo 105-0003	State or Foreign Country Japan	Country of Citizenship Japan
	Post Office Address	Post Office Address c/o Japan Chemical Industry Ecology-Toxicology Information Center, Nanba Bldg. 19-4, Nishi-Shinbashi, 1-Chome	City Minato-Ku, Tokyo 105-0003	State & Zip Code/Country Japan
2	Full Name of Inventor	Family Name Kamachi	First Given Name Motoaki	Second Given Name
	Residence & Citizenship	City Amherst	State or Foreign Country Massachusetts	Country of Citizenship Japan
	Post Office Address	Post Office Address 99D South Point Drive	City Amherst	State & Zip Code/Country Massachusetts 01002, USA
3	Full Name of Inventor	Family Name	First Given Name	Second Given Name
	Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
	Post Office Address	Post Office Address	City	State & Zip Code/Country

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1

Yoshitaka Noguchi

Signature of Inventor 2

Motoaki Kamachi

Signature of Inventor 3

Date

August 23, 1999

Date

August 30, 1999

Date